Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL				Application Number 10/590,11		. 8			
					Filing Date 6/11/2		)7		
For FY 2008					Named Inventor	Prakash S	ingh Bisen		
Applicant claims small entity status. See 37 CFR 1.27					ner Name	Rodney P	. Swartz, Ph.D.		
				Art Unit 1645					
TOTAL AMOUNT O	F PAYMENT	Γ (\$) 6	40.00	Attorn	ey Docket	4544 - 062	2454		
METHOD OF PAYM	ENT (check a	ll that apply)							
Check Cre	edit Card	] Money Ord	er No	ne 🔲	Other (please id	lentify):			
Deposit Account	Deposit Acco	unt Number:	23-0650		Deposit Accour	nt Name: The	e Webb Law Firm		
				s hereby a	—      . authorized to: (c				
Charg	e fee(s) indicate	ed below			Charge fe	e(s) indicated	below, except for the	he filing fee	
Charg under	e any additiona 37 CFR 1.16 ar	l fee(s) or undend	erpayments of f	ee(s)	Credit any	y overpayment	ts		
WARNING: Information of information and authorizati	•	ecome public. C	redit card inform	ation shou	ld not be included o	on this form. Pr	ovide credit card		
FEE CALCULATIO	N (All the fees	s below are d	ue upon filing	or may	be subject to a	surcharge.)			
1. BASIC FILING, S	EARCH, AN	D EXAMINA	TION FEES						
	FILING	FEES	SEARCH	FEES	EXAMINA	ATION FEES			
	Sn	nall Entity	<u>Sma</u>	ll Entity	į	Small Entity			
Application Type	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u> <u>F</u>	<u>ee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee:</u>	s Paid (\$)	
Utility	310	75	510	255	210	105	**************************************		
Design	210	105	100	50	130	65	t		
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM	FEES							<b>Small Entity</b>	
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Each claim over 20 (including Reissues)  50								25	
Each independent claim over 3 (including Reissues)  Multiple dependent claims								105	
Multiple dependent cla		Tytra Clair	ns Food	<b>ው</b> ነ	Fac Daid (C)		370	185	
Total Claims - :	<u>20 or HP</u> =	Extra Clair	ns <u>Fee (</u> x	<u> </u>	Fee Paid (\$)		Fee (\$)	Dependent Claims Fee Paid (\$)	
HP = highest number of	total claims paid	for, if greater the	······································	***************************************	<del></del>				
Indep. Claims -	<u>3 or HP</u>	Extra Clair	ns <u>Fee (</u>	<u>(\$)</u>	Fee Paid (\$)		**************************************		
HP = highest number of	independent clair	ms paid for, if gr	***************************************						
37 CFR 1.52(	n and drawing	tion size fee d	lue is \$260 (\$1	•		*	nce or computer list al 50 sheets or fract	_	
Total Sheets	Extra Sho	<u>eets</u>			tional 50 or fra			Fee Paid (\$)	
- 100 4. OTHER FEE(S)	, —	/ 50 =		(round	l up to a whole nu	aniuci )	X	Fees Paid (\$)	
Non-English Spo	ecification,	\$130 fee (no	small entity of	liscount)				r ces i aiu (p)	
Other (e.g., late	filing surcharg	e): 2 Month	Extension of T	ime and	Information Dis	closure State	ment	640.00	
SUBMITTED BY									
					gistration No.	22122	Tala-1 41	7 A71 001E	
Signature					ttorney/Agent)	) 22132	Telephone 412-471-8815		
Name (Print/Type)	William H	l. Logsdon	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Date Ju	me 16, 2008	